

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046403

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 2

FILED JAN 8 1962

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)

Salem

Length of stay in 1b

29 mo.

c. FULL NAME OF (If NOT in hospital, give location)

Knox Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Shannon

c. CITY

Birch Tree

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

Rural Route

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

ROY

REEVES

4. DATE

OF

DEATH

Month

Day

Year

Dec.

23

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/26/77

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

Knoxville, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Reeves

13b. MOTHER'S MAIDEN NAME

Smith

14. NAME OF HUSBAND OR WIFE

Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Knox Nursing Home

Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 M.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gen. Atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility and inanition.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1959

to Dec. 23, 1962

Dec. 23, 1962

Death occurred at

8:00 a.m.

and last saw her alive on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Salem, Missouri

22c. DATE SIGNED

12-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/24/1962

23c. NAME OF CEMETERY OR CREMATORY

Local Cemetery

23d. LOCATION (City, town, or county)

Birch Tree, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Max E. Waite

Salem, Mo.

25. DATE RECD. BY LOCAL REG.

12-24-62

26. REGISTRAR'S SIGNATURE

M. M. Hart, M.D. by AM.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

2331

2 1010

3

4 0

5 1

6

7 1

8 0

9 420.1

10

11

12 86-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4120

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.